



Alabama Department of Labor  
Inspections Division  
649 Monroe Street  
Montgomery, Alabama 36131  
Office 334-353-3323 Fax 334-353-4528

Robert Bentley  
Governor  
Fitzgerald Washington  
Commissioner

## Application for Elevator Mechanic's License

Applicants Name \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employed By \_\_\_\_\_

New License [ ☐ ] Renewal [ ☐ ] Previous License Number \_\_\_\_\_

Applicant Phone Number \_\_\_\_\_

Applicant Social Security # (required by Federal/State law for new license, not required for renewal) \_\_\_\_\_

Are you a US Citizen? Yes \_\_\_\_\_ (If Yes, provide a copy of driver's license or other acceptable form of identification.) No \_\_\_\_\_ (If No, provide acceptable documentation from the US Government with this application. For a list of acceptable identification you can visit our website at: [http://labor.alabama.gov/docs/law/Inspections\\_AcceptableFormsofIdentification.pdf](http://labor.alabama.gov/docs/law/Inspections_AcceptableFormsofIdentification.pdf) )

### Elevator Mechanic's Licenses

Covers all activities of installation, alteration, service, replacement, or maintenance on all conveyances under statute 25-13-1 (short title). Must be employed by an Alabama licensed elevator contractor to receive this license. The following documents must accompany this application:

- 1.) Acceptable documentation of eligibility to receive a first time mechanics license.
- 2.) Renewals must provide copy of approved continuing education units (CEU) obtained within 12 month immediately preceding the current expiration date.
- 3.) Check or money order, payable to the Alabama Department of Labor:  
in the amount of \$100.00 (initial and for renewal prior to expiration date) or  
in the amount of \$125.00 (for renewal of an expired license within one year of expiration date).

Number of years engaged in the business of installing, maintaining, or servicing elevators or related conveyances. \_\_\_\_\_

Criminal record of convictions, if any as verified by the Department of Public Safety:

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use**

Approved by \_\_\_\_\_